

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032868

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 187

Primary Registration District No. 3040 Registrar's No. 190

STATE FILE NUMBER

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY <b>LIVINGSTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>LIVINGSTON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CHILLICOTHE</b>		c. CITY OR TOWN <b>CHILLICOTHE</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>CITY HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>1021 CLAY ST.</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>BESSIE LEE SMITH</b>		4. DATE OF DEATH Month <b>AUGUST</b> Day <b>17</b> Year <b>1963</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/14/1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE PARENT MO. STATE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TRAINING SCHOOL</b>	9. AGE (last birthday) <b>79</b>
11a. FATHER'S NAME <b>MORGAN KING</b>		11b. MOTHER'S MAIDEN NAME <b>NANCY ELIZABETH POE</b>	11. BIRTHPLACE (City and state or country) <b>LIBERTY, MISSOURI</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>MRS. RUBY EVANS: KANSAS CITY, MO.</b>	
17. INFORMANT <b>MRS. RUBY EVANS: KANSAS CITY, MO.</b>		14. NAME OF HUSBAND OR WIFE <b>EDGAR C. SMITH</b>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>16 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>		<b>unknown</b>
DUE TO (c) <b>Hypertensive vascular disease</b>		<b>unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>—</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>2:30</b> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>CHILLICOTHE, MO.</b>
21. I attended the deceased from <b>July 1960</b> to <b>August 17, 1963</b> and last saw her alive on <b>August 17, 1963</b> Death occurred at <b>2:30</b> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <b>Chillicothe, Mo.</b>	
22a. SIGNATURE <b>William L. Fair, M.D.</b>		22c. DATE SIGNED <b>8/19/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>8/19/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MASONIC CEMETERY</b>	23d. LOCATION (City, town, or county) <b>LINNEUS, MISSOURI</b>

24. FUNERAL DIRECTOR <b>NORMAN FUNERAL HOME: CHILLICOTHE, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>Aug 19, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Annalie Taylor</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300 Rev. 4/59	DATE AMENDED	
1 0595		
2 0595		
3		
4 1		
5 2		
6		
7 0		
8 2		
9 332X		
10		
11		
12 1-0		
13 1-0		

Date Taken to Dr. Fair 8/17/63

Date Rec'd. from Dr. Fair 19 Aug /63

AUG 28 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Elton Norman

Licensed Embalmer No. 4036

P. O. Address CHILLICOTHE, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.